Image# 201507179000256690 PAGE 1 / 12

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIWI 3X	For Other Than An Auth	norized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Physician Hospitals	of America Political Acti	ion Committee	
ADDRESS (number and street)	2025 M STREET NW SUITE 800		
Check if different than previously reported. (ACC)	WASHINGTON		DC 20036 -
2. FEC IDENTIFICATION	NUMBER ▼ CIT	YA	STATE ▲ ZIP CODE ▲
C C00394163		S THIS EPORT X (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M 20 (M3) Jun 20 (M6	(Non-Election Year Only) Sep. 20 (M9) Dec. 20 (M1)
(a) Quarterly Reports:		20 (M4) X Jul 20 (M7	(Non-Election Year Only)
April 15 Quarterly Repor	t (Q1) (c) 12-Day	Primary (12P)	General (12G) Runoff (12R
July 15 Quarterly Repor October 15	t (Q2) PRE-Election Report for the:	Convention (12C)	Special (12S)
Quarterly Repor		M = M / D = D	/ Y Y Y Y Y in the
Year-End Repor		n on	State of
Report (Non-ele Year Only) (MY)	ection (d) 30-Day	General (30G)	Runoff (30R) Special (30S
Termination Rep (TER)		n on	in the State of
5. Covering Period	06 01 2015	through 06	M / D D / Y Y Y Y Y 30 2015
-	d this Report and to the best of	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treas	surer John Richardson		
Signature of Treasurer J	ohn Richardson	[Electronically Filed]	Date 07 14 2015
NOTE: Submission of false, er	roneous, or incomplete information	n may subject the person signing	g this Report to the penalties of 2 U.S.C. §437g
Office Use Only			FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS
FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

06

To:

30

2015

Physician Hospitals of America Political Action Committee

Report Covering the Period: From: 06 01 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		21087.39
	(b) Cash on Hand at Beginning of Reporting Period	20637.39	
	(c) Total Receipts (from Line 19)	5000.00	10250.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	25637.39	31337.39
7.	Total Disbursements (from Line 31)	2040.00	7740.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	23597.39	23597.39
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Physician Hospitals of America Political Action Committe	Phy	sician	Hospi	tals of	America	Political	Action	Committe
--	-----	--------	-------	---------	---------	------------------	--------	----------

Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Total This Period 5000.00 0.00 5000.00 0.00 0.00 0.00 0.00 0.00 0.00	Calendar Year-to-Date 10250.00 0.00 10250.00 10250.00 0.00 0.00 0.00 0.00
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	, 0.00 , 5000.00 , 0.00 , 0.00 , 5000.00 , 0.00 , 0.00	0.00 10250.00 0.00 0.00 10250.00 0.00
(ii) Unitemized	, 0.00 , 5000.00 , 0.00 , 0.00 , 5000.00 , 0.00 , 0.00	0.00 10250.00 0.00 0.00 10250.00 0.00
(ii) Unitemized	, 0.00 , 5000.00 , 0.00 , 0.00 , 5000.00 , 0.00 , 0.00	0.00 10250.00 0.00 0.00 10250.00 0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5000.00 0.00 0.00 5000.00 0.00	10250.00 0.00 10250.00 10250.00 0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5000.00 0.00 0.00 5000.00 0.00	10250.00 0.00 10250.00 10250.00 0.00
Lines 11(a)(i) and (ii)	0.00 0.00 5000.00 0.00	0.00 0.00 10250.00 0.00
(b) Political Party Committees	0.00 0.00 5000.00 0.00	0.00 0.00 10250.00 0.00
(c) Other Political Committees (such as PACs)	0.00 5000.00 0.00	0.00
(c) Other Political Committees (such as PACs)	0.00 5000.00 0.00	0.00
(such as PACs)	5000.00 0.00 0.00	10250.00 0.00 0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	5000.00 0.00 0.00	10250.00 0.00 0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other Party Committees All Loans Received Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other	0.00	0.00
Totals to Line 33, page 5)	0.00	0.00
Transfers From Affiliated/Other Party Committees	0.00	0.00
Party Committees	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other	0.00	0.00
Loan Repayments Received		
Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other	0.00	0.00
Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other	0.00	0.00
Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other		0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other		
(Carry Totals to Line 37, page 5)		
Refunds of Contributions Made to Federal Candidates and Other	0.00	0.00
to Federal Candidates and Other	7	7 7
	0.00	0.00
Other Federal Receipts		7
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	7	
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
	, , , , , , , , , , , , , , , , , , , ,	
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d),	5000.00	10250.00
12, 13, 14, 15, 16, 17, and 18(c))▶ Total Federal Receipts	5000.00	10250.00
(subtract Line 18(c) from Line 19)▶	5000.00	10250.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
(a)	rating Expenditures: Allocated Federal/Non-Federal	Total Tillo I ollow	Outchau Tear-to-Date		
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00		
	(i) I ederal offare				
	(ii) Non-Federal Share	0.00	0.00		
	Other Federal Operating	40.00	240.00		
	Expenditures Total Operating Expenditures	40.00	240.00		
	(add 21(a)(i), (a)(ii), and (b))▶	40.00	240.00		
	sfers to Affiliated/Other Party		0.00		
	ımitteestributions to	0.00	0.00		
	eral Candidates/Committees Other Political Committees	2000.00	7500.00		
Inde	pendent Expenditures	0.00			
	Schedule E)rdinated Party Expenditures	0.00	0.00		
(2 U	S.C. §441a(d)) Schedule F)	0.00	0.00		
(usc	Concadio 1 /				
Loan	n Repayments Made	0.00	0.00		
Loon	an Mada	0.00	0.00		
Refu	ns Made	0.00	0.00		
(a)	Individuals/Persons Other Than Political Committees	0.00	0.00		
			0.00		
	Political Party Committees Other Political Committees	0.00	0.00		
(-)	(such as PACs)	0.00	0.00		
(d)	Total Contribution Refunds				
` '	(add Lines 28(a), (b), and (c))▶	0.00	0.00		
Othe	er Disbursements	0.00	0.00		
Fede	eral Election Activity (2 U.S.C. §431(20))				
	Allocated Federal Election Activity				
	(from Schedule H6)	0.00	0.00		
	(i) Federal Share	0.00	0.00		
	(ii) "Levin" Share	0.00	0.00		
(b)	Federal Election Activity Paid Entirely				
(-)	With Federal Funds	0.00	0.00		
(c)	Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
	I Disbursements (add Lines 21(c), 22, 24, 25, 26, 27, 28(d), 29 and 30(c))	2040.00	7740.00		
23, 2	, 25, 20, 21, 20(u), 29 dilu 30(b))	2040.00	7740.00		
	Federal Disbursements				
	tract Line 21(a)(ii) and Line 30(a)(ii)	2040.00	7740.00		
irom	Line 31)	2040.00	7740.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	5000.00	10250.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5000.00	10250.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	40.00	240.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	40.00	240.00

Receipt For:

Primary

Other (specify) \blacktriangledown

B. Timothy M. Badwey MD

Full Name (Last, First, Middle Initial)

General

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOR LINE NUMBER:	PAGE	6 OF	12
Use separate schedule(s)	(check only one)			
for each category of the Detailed Summary Page	X 11a 11b	11c	12	
	13 14	15	ີ 16 [7

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Physician Hospitals of America Political Action Committee Full Name (Last, First, Middle Initial) Kansas City Orthopaedic Center of Excellence LLC Date of Receipt Mailing Address 3651 College Blvd. 30 2015 City State Zip Code Transaction ID: C7947757 KS Leawood 66211-1910 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Name of Employer Occupation

5000.00

Aggregate Year-to-Date ▼

		·
Mailing Address 3651 College Blvd		M = M / D = D / Y = Y = Y
City	State Zip Code	06 30 2015 Transaction ID : C7947760
Leawood	KS 66211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	291.50
Name of Employer	Occupation	
Dickson-Dively Midwest Orthop.	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 291.50	[MEMO ITEM]
Full Name (Last, First, Middle Initial) Cris D Barnthouse MD		Date of Receipt
Mailing Address 3651 College Blvd.		06 30 / Y Y Y Y Y
City	State Zip Code	Transaction ID : C7947765
Leawood	KS 66211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	291.50
Name of Employer	Occupation	
Orthopaedic & Sports Med Clinic of KC	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 291.50	[MEMO ITEM] *

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00

LLC - Members below if itemized. Permissible funds.

Date of Receipt

C.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOF	R LINE	NU	MBER	:	PAGE	:	7	OF	12
Use separate schedule(s)	(che	(check only one)								
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
c, . a.g.		13		14		15		16	; Г	17

		1.0
	nd Statements may not be sold or used by any pe the name and address of any political committee	
NAME OF COMMITTEE (In Full) Physician Hospitals of Americal	ca Political Action Committee	
Full Name (Last, First, Middle Initial) Stanley A Bowling MD Mailing Address 3651 College Blvd.		Date of Receipt
City Leawood	State Zip Code KS 66211	06 30 2015 Transaction ID : C7947768 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Cooungtion	291.50
Name of Employer Dickson-Dively Midwest Orthop. Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 291.50	[MEMO ITEM] *
Full Name (Last, First, Middle Initial) Jon E. Browne MD Mailing Address 3651 College Blvd.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Leawood FEC ID number of contributing	State Zip Code KS 66211	Transaction ID : C7947764 Amount of Each Receipt this Period 291.50
Receipt For: Primary Other (specify) General Other (specify) Primary General	Occupation Orthopedic Surgeon Aggregate Year-to-Date ▼ 291.50	[MEMO ITEM]
Full Name (Last, First, Middle Initial) Scott M Cook MD Mailing Address 3651 College Blvd.		Date of Receipt
City Leawood FEC ID number of contributing federal political committee. Name of Employer Kansas City Orthopaedic Institute Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	State Zip Code KS 66211 C Occupation Physician Aggregate Year-to-Date ▼ 291.50	Transaction ID : C7947771 Amount of Each Receipt this Period 291.50 [MEMO ITEM]
SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line num	ber only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 8 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

12

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Physician Hospitals of America Political Action Committee Full Name (Last, First, Middle Initial) Brian J Divelbiss MD Date of Receipt Mailing Address 3651 College Blvd. 30 2015 City State Zip Code Transaction ID: C7947770 KS Leawood 66211 Amount of Each Receipt this Period FEC ID number of contributing 291.50 federal political committee. Name of Employer Occupation Dickson-Dively Midwest Orthop. Physician Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 291.50 Other (specify) Full Name (Last, First, Middle Initial) B. Constantine Lan Fotopoulos MD Date of Receipt Mailing Address 3651 College Blvd. 06 30 2015 City State Zip Code Transaction ID: C7947772 KS Leawood 66211 Amount of Each Receipt this Period FEC ID number of contributing 291.50 federal political committee. Name of Employer Occupation Dickson-Dively Midwest Orthop. Physician Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 291.50 Other (specify) Full Name (Last, First, Middle Initial) c. Robert C Gardiner MD Date of Receipt Mailing Address 3651 College Blvd 30 06 2015 City State Zip Code Transaction ID: C7947761 KS Leawood 66211 Amount of Each Receipt this Period FEC ID number of contributing 291.50 С federal political committee. Name of Employer Occupation Dickson-Dively Midwest Orthop. Physician Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 291.50 Other (specify) 0.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

	FOF	R LINE	NU	MBER	:	PAGE	=	9 C)F	12
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		717

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) Physician Hospitals of America	Political Action Committee	
Full Name (Last, First, Middle Initial) Danny M. Gurba MD Mailing Address 3651 College Blvd.		Date of Receipt
City	State Zip Code	06 30 2015 Transaction ID : C7947759
Leawood	KS 66211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	291.50
Name of Employer Dickson-Dively Midwest Orthop. Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 291.50	[MEMO ITEM] *
Full Name (Last, First, Middle Initial) Lowry Jones Jr., MD Mailing Address 3651 College Blvd.		Date of Receipt
City Leawood	State Zip Code KS 66211	06 30 2015 Transaction ID : C7947762 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	291.50
Name of Employer Dickson-Dively Midwest Orthop. Receipt For:	Occupation Physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 291.50	[MEMO ITEM] *
Full Name (Last, First, Middle Initial) Steven T Joyce MD		Date of Receipt
Mailing Address 3651 College Blvd.		06 30 / Y Y Y Y Y Y
City Leawood	State Zip Code KS 66211	Transaction ID : C7947763 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	291.50
Name of Employer Dickson-Dively Midwest Orthop.	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 291.50	[MEMO ITEM]
SUBTOTAL of Receipts This Page (optional)		0.00
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOR	LINE	NU	MBER	:	PAGE	1	IO OF	12
Use separate schedule(s)	(check only one)								
for each category of the Detailed Summary Page	X	11a		11b		11c		12	
		13		14		15		16	17

	Statements may not be sold or used by any pershe name and address of any political committee t	
NAME OF COMMITTEE (In Full) Physician Hospitals of Americ	a Political Action Committee	
Full Name (Last, First, Middle Initial) Mark Rasmussen MD Mailing Address 3651 College Blvd.		Date of Receipt 06 30 _ 2015 _
City Leawood FEC ID number of contributing federal political committee.	State Zip Code KS 66211	Transaction ID : C7947767 Amount of Each Receipt this Period 291.50
Name of Employer Orthopaedic & Sports Medicine Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 291.50	[MEMO ITEM]
Full Name (Last, First, Middle Initial) T.J. Rasmussen MD Mailing Address 3651 College Blvd. City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Leawood FEC ID number of contributing federal political committee.	KS 66211	Transaction ID : C7947766 Amount of Each Receipt this Period 291.50
Name of Employer Orthopaedic & Sports Medicine Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 291.50	[MEMO ITEM]
Full Name (Last, First, Middle Initial) Charles E. Rhoades MD Mailing Address 3651 College Blvd. City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Leawood FEC ID number of contributing federal political committee.	KS 66211	Amount of Each Receipt this Period 291.50
Name of Employer Dickson-Dively Midwest Orthop. Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 291.50	[MEMO ITEM] *
SUBTOTAL of Receipts This Page (optional).	····	0.00
TOTAL This Period (last page this line number	er only)	7

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOR LINE NUMBER:	PAGE 11 OF	12			
Use separate schedule(s)	(check only one)					
for each category of the Detailed Summary Page	X 11a 11b	11c 12				
	13 14	15 16	17			

	<u> </u>	
	and Statements may not be sold or used by any peg the name and address of any political committee	
NAME OF COMMITTEE (In Full) Physician Hospitals of Amer	ica Political Action Committee	
Full Name (Last, First, Middle Initial) Daniel A Stechschulte Jr., MD Mailing Address 3651 College Blvd.		Date of Receipt
City Leawood	State Zip Code KS 66211	06 30 2015 Transaction ID : C7947769 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	291.50
Kansas City Orthopaedic Institute Receipt For: Primary General Other (specify) ▼	Surgeon Aggregate Year-to-Date ▼ 291.50	[MEMO ITEM] *
Full Name (Last, First, Middle Initial) Jacob S. Stueve MD Mailing Address 3651 College Blvd.		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Leawood FEC ID number of contributing	State Zip Code KS 66211	Transaction ID : C7947775 Amount of Each Receipt this Period 291.50
Receipt For: Primary Other (specify) ▼ Name of Employer Kansas City Orthopaedic Institute General Other (specify) ▼	Occupation Orthopedic Surgeon Aggregate Year-to-Date ▼ 291.50	[MEMO ITEM]
Full Name (Last, First, Middle Initial) James E. Voos MD Mailing Address 3651 College Blvd.		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Leawood FEC ID number of contributing federal political committee.	State Zip Code KS 66211	Transaction ID : C7947774 Amount of Each Receipt this Period 272.00
Name of Employer Kansas City Orthopaedic Institute Receipt For: Primary General Other (specify) ▼	Occupation Orthopedic Surgeon Aggregate Year-to-Date ▼ 272.00	[MEMO ITEM]
SUBTOTAL of Receipts This Page (options	al)	0.00
TOTAL This Period (last page this line nun	nber only)	5000.00

S 17

SCHEDULE B (FEC Form 3X)		FOD : 11:15	E NUMBER. DAGE 12 OF 12			
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 OF 12 (check only one)				
II LIWIIZED DISBURSEIVIEN IS	for each category of the	21b	22 🔀 23 24 25 26			
	Detailed Summary Page	27	28a 28b 28c 29 30b			
Any information copied from such Reports and Staten						
or for commercial purposes, other than using the name	ne and address of any politic	cal committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
Physician Hospitals of America Pol	itical Action Commi	ittee				
Full Name (Last, First, Middle Initial)						
A. BROOKS-BUCSHON JOINT FUND	DRAISING COMMI	TTEE	Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address 4703 WOODWAY LANE, NW			06 04 2015			
City	State Zip Code					
WASHINGTON	DC 20016		Transaction ID : D569186			
Purpose of Disbursement Contribution			Associated Fook Dichoraconant this Deviced			
Candidate Name			Amount of Each Disbursement this Period			
Sandidate Name		Category/ Type	2000.00			
Office Sought: House Disburser	nent For: 2016	. , , , ,	, , , , , , , , , , , , , , , , , , , ,			
Senate	Primary General					
State: District:	Other (specify) ▼					
State: District: Full Name (Last, First, Middle Initial)						
B.			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address						
City	State Zip Code					
City	State Zip Code					
Purpose of Disbursement						
			Amount of Each Disbursement this Period			
Candidate Name		Category/				
Office Sought: House Disbursen	nent For:	Type				
	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial) C.			Date of Disbursement			
o.			M M / D D / Y Y Y Y			
Mailing Address						
011						
City	State Zip Code					
Purpose of Disbursement						
Our Flats Name			Amount of Each Disbursement this Period			
Candidate Name		Category/				
Office Sought: House Disbursen	nent For:	Туре				
	Primary General					
President	Other (specify) ▼					
State: District:						
CURTOTAL of Dishumannanta This Days (and the			2000.00			
SUBTOTAL of Disbursements This Page (optional)		·····•	255.55			
TOTAL This Period (last page this line number only)			2000.00			